



**CITY OF LEOMINSTER**  
**APPLICATION FOR MECHANICAL PERMIT**  
25 WEST STREET, LEOMINSTER MA 01453  
Ph: 978-534-7517 Fax: 978-840-0039

Mechanical Permits are inspected by the building inspector.

Is this application in conjunction with a building permit? YES # \_\_\_\_\_ NO \_\_\_\_\_

Property Address: \_\_\_\_\_ Owner of Record: \_\_\_\_\_

Assessors Map # \_\_\_\_\_ Lot # \_\_\_\_\_ Type of Occupancy: \_\_\_\_\_

New: \_\_\_\_\_ Renovation: \_\_\_\_\_ Replacement: \_\_\_\_\_ Plans Submitted: Yes \_\_\_\_\_ No \_\_\_\_\_

Installing Company Name: \_\_\_\_\_

Company Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Company Phone Number: \_\_\_\_\_ Estimated Cost: \$ \_\_\_\_\_

Indicate total number of units in the applicable box below

<b>M</b> 1 & 2 Family	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	Roof	Ground*
Air Handling/Hydro Units						
Evaporative & Refrigeration Coolers						
Heat Pumps						
Range Hoods Vented to Exterior						
Central Air Conditioners						
Combustion Air /Ventilation Fans						
Energy Recovery Ventilators						
Furnaces- Oil						
Other:						

Basic Building Code Commercial	Basement	1 <sup>st</sup> Floor	2 <sup>nd</sup> Floor	3 <sup>rd</sup> Floor	Roof*	Ground*
Generators						
Draft Inducers Oil fired Equip						
Kitchen Vent & Exhaust Equipment						
Pool Heater						
Process Piping						
Roof Top Units						
Radiant Heat						
Hydro Air Systems						
Central Air Conditioners						
Other:						

Describe Project: \*Note: If any equipment is being placed outside of the footprint of the building, indicate setbacks to property line. A land survey may be required. Roof top units may require a Structural Engineer's review. All equipment is subject to Leominster's Noise By-Law:

I certify that I have the authority to make the foregoing application and that all of the information I have submitted (or entered) in the above application is true and accurate to the best of my knowledge, information and belief, and that all mechanical work and installations performed under the permit issued for this application will be in compliance with all pertinent provisions of the Massachusetts State Building Code, the International Mechanical Code, and all laws/bylaws/regulations of the City of Leominster: Workers' Compensation Insurance Affidavit required for all mechanical submissions

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Type of License: \_\_\_\_\_ License #: \_\_\_\_\_

**This Section for Official Use Only**

Permit fee:	Receipt #:	Date Received:	Received by:
Issued By:	Approved Date:	Permit or Alteration Number:	